



MEDICAL MINUTE

Vol. 3, No. 3

Serving the members of Tripler Army Medical Center and Pacific Regional Medical Command

March 2002

BEST OF THE BEST

Troops vie for soldier, NCO of year titles

TAMC Public Affairs Office

After an intense, three-day competition, a mental health specialist and company training NCO were named the Pacific Regional Medical Command's Soldier and NCO of the Year Feb. 22.

Spc. Neill Schultz and Staff Sgt. Eduardo Padilla, both of Tripler Army Medical Center, beat out three other competitors from the Pacific Regional Veterinary Command and U.S. Army Medical Department Activity - Japan for the top soldier and NCO honors.

The competition got off to an early start the morning of Feb. 20 as the soldiers gathered at the Tripler ball field at 6 a.m. for an Army Physical Fitness Test.

The soldiers then moved out to a field



Staff Sgt. Michelle J. Rowan

1st Sgt. Henry Rockward, Company A first sergeant, inspects the uniforms of the competitors prior to the final event of the competition, the oral board.

site on Schofield Barracks for a written test followed by a day and a half of hands-on tasks including drill and ceremony, first aid, NBC and land navigation.

The third and final day was comprised of a Class A inspection and oral board.

The soldiers then had to wait three

See **COMPETITION**, page 5



DONNING THE BERET

Spc. Jason Chesser of the Department of Radiology joined other Tripler Army Medical Center soldiers in donning the black beret for the first time during a ceremony at Tripler Feb. 26.

The black beret is now the U.S. Army's standard headgear.

Staff Sgt. Michelle J. Rowan

AER campaign begins

TAMC Public Affairs Office

The 2002 Army Emergency Relief (AER) campaign began March 18 and will run through April 25. This year's theme is "Helping the Army take care of its own."

Voluntary contributions will be accepted from active duty soldiers and retirees. Active duty soldiers will be contacted by unit or department keypersons, and retirees will receive support requests by mail.

AER provides emergency financial assistance to soldiers — active and retired — and their dependents when there is a valid need.

For more information on the campaign, visit www.aerhq.org or call the AER office at 656-1900. Unit keypersons can also answer questions relating to the campaign.

FEEDBACK

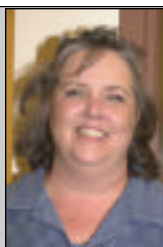
A place to voice your opinion

What is one piece of advice you would give to someone who is about to arrive or who just arrived on island?



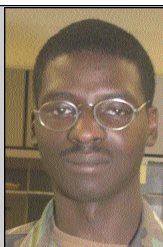
Rodney Williams, Provost Marshal's Office — "My advice would be to look around and take advantage of all the tours and discounts offered on post and from local businesses."

Jarrelyn Martin, Joint New Parent Support Program — "Get a good book map, and then go out and to find some places to play."



Spc. Sebekia Teemer, Department of Clinical Investigations — "Be sure to ship your vehicle ahead of time, especially if you have small children. I didn't and found myself having to rent a car for about a week."

Spc. Curtis Isaac, Administrative Services Branch — "Go see all the interesting sites and tours such as the Arizona Memorial."



Mike Tone, Forensic Toxicology Drug Testing Lab — "Get out and go all around the island. Get to know the people — there's many interesting cultures and backgrounds."

Watch your speed please!

Margaret Tippy

TAMC Public Affairs Officer

I've done it and I bet you have too. You're leaving work at Tripler thinking about how early you came to work to avoid the line at the gate and to find a parking spot, not to mention all the other things in life you now need to concentrate on... "Did I put something out for dinner? Should I stop for gas? Do the kids have sports practice tonight?"

While your thoughts are elsewhere, you've finally come to the end of meandering Krukowski Road, pulled on to Puuloa Road and have begun descending. The whole time you're thinking, the car is picking up speed as gravity takes over. You come around the first curve in the neighborhood and BAAM!! It's a red light at Ala Mahamoe Street. You slam on the brake as hard as you can to stop. Sometimes you make it and sometimes you don't.

That's what happened to a neighbor of Tripler's who was pulling out from Ala Mahamoe Street making a left down the hill. A couple of cars were going so fast leaving Tripler, they couldn't brake fast

enough to stop for the red light and ran right through it and almost took this gentleman's life and car with them.

He was very shaken up by the experience and asked PAO to ask soldiers (the drivers were in uniform), staff, patients and visitors to slow down. Unless we all slow down, someone will be involved in a tragic accident.

So let's slow down out there, folks! And that applies to coming to work also — as in the race uphill in the mornings with drivers in the left lane who need to go straight up the hill in the right lane but don't want to wait their turn. They SLAM into traffic in the right lane. That could be a disaster waiting to happen.

And how often has this happened? Soldiers running in formation or alone almost being run over by inconsiderate speeding motorists WHO WORK IN A MEDICAL CENTER where we heal people. Pretty ironic, don't you think?

We are in the business of healing and we're driving like maniacs using a couple of tons of steel as if we have control over its stopping on a dime.

So, please, let's be careful out there and slow down.

CSM's HANDSHAKE OF CONCERN



March
"Determination"

LETTER TO THE EDITOR

Servicemember expresses thanks

I am on my second tour in Hawaii. My daughter I was born at Tripler on my first tour (1994) and, except for one notable event, we were generally unenthused about the level of care and service at Tripler. However, this tour is a different story, and I have been delighted with the change. I have had to make lots of trips to Tripler in the last six months and have on every occasion been treated exceptionally well. It is crystal clear that everyone there is doing everything in their power to provide the best experience possible.

— Lt. Col. Craig D. Ross
U.S. Marine Forces Pacific

Medical Minute

<http://www.tamc.amedd.army.mil>

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Staff Sgt. Michelle J. Rowan

EXERCISE DEMO

Lt. Col. Francine LeDoux (center), chief of Tripler's Health Education and Promotion Center, leads a group of Tripler staff and volunteers in an exercise demonstration during the 16th annual Great Aloha Run Health, Fitness and Sports Expo at the Blaisdale Arena Feb. 15.

Celebrate National Social Work Month

TAMC Social Work Service

March is National Professional Social Work Month — a time to celebrate the efforts of social workers in our community. To commemorate this, the staff of TAMC Social Work invite all TAMC staff and visitors to their open house March 22 from 2 to 3:30 p.m. at Social Work Service (2B). There will also be several displays posted around Tripler throughout the month of March, recognizing the accomplishments of social workers.

There are more than half a million social workers nationwide helping more than 15 million people every year. Social workers can be found in hospitals, schools, community organizations, government agencies, research organizations, educational institutions, and private practices to name a few. Social workers connect people to resources within their communities, while helping them understand and use their own personal strength to cope with life's most daunting challenges.

Here at Tripler Army Medical Center, military and civilian social workers provide a wide variety of services to patients and families. Discharge planning social workers of Social Work Service assist

inpatients and outpatients to cope with an illness or condition and to find needed services outside the hospital to ensure continuity of care. Many TAMC patients face challenges in navigating through healthcare options, especially as they grow older. Discharge planning social workers help overcome these barriers and together with family and friends, help patients live fuller, healthier lives outside the hospital.

Family Advocacy social workers of Social Work Service provide counseling and support to victims of family violence and families needing help in a variety of other family issues. When families are unable to perform the roles expected of them, they may come under great stress and deep stigma before they can get the help they need. Social workers of the TAMC and Schofield Barracks Family Advocacy Program, Social Work Service are there to assist families in fulfilling their roles and strengthening the family unit.

Social workers with the TAMC Chemical Addictions Treatment System, the Exceptional Family Member Program, Psychiatry Service, and Family Practice provide a wealth of inpatient and outpatient counseling and treatment services, as well as important training to medical staff.

Soldiers who ASK get assignments

Staff Sgt. Marcia Triggs

Army News Service

Every day about 1,000 soldiers tell their assignment managers where they want to be stationed, and with the help of modernized programs, their wishes are being granted.

The Assignment Satisfaction Key (ASK) was introduced to the Army Oct. 12, and it gives enlisted soldiers the capability to post assignment preferences directly onto the Total Army Personnel Database.

Currently, 44,703 soldiers have logged onto <http://www.perscom.army.mil> providing personal contact data and listing preferences for stateside, overseas and special-duty assignments. The Army's goal is to get the entire population — 400,000 — to sign up within the next several months, said Sgt. Maj. Oscar Garcia, sergeant major for the Ordnance Corps career management branch.

Along with ASK, assignment managers work with new software referred to as SAM — Soldier Assignment Module. The software merges Army requirements with the assignment preferences of soldiers, Garcia said.

For example, career management branches are periodically given requisitions for special assignment such as drill sergeant duty, recruiting and airborne. The software can identify qualified candidates, with volunteers at the top of the list.

Before a soldier can log onto ASK, they have to have an Army Knowledge Online account. ASK will require soldiers to select three stateside locations and three other preferences outside of the continental U.S..

Preference locations mean that if a soldier has to rotate or do a special duty like drill sergeant or recruiter, this is the place or the duty he would prefer, Garcia said. The first two preference choices will be from the Army's 10 divisions, because that's where soldiers are needed most, he said. The other choice will be from an expanded listing which includes the divisional installations plus other CONUS installations.

Doctor returns to Southeast Asia after 33 years

J01 (SW) Tim Paynter

Joint Task Force - Full Accounting Public Affairs Office

BAN ALANG BASE CAMP, Laos — Like so many other young men in the '60s, 1st Lt. Walter Imai packed up and shipped out, heading off to fight in the war in Vietnam. Thirty-three years later, Col. (Dr.) Imai, based at Tripler Army Medical Center, has returned to the region where so much bloodshed once took place. But this trip is very different — and very much the same.

"I served in Vietnam in '69 and '70 in the medical service corps in the 4th Division," the Hawaiian-born and raised soldier clearly recounts. "I had two separate experiences while I was in Vietnam. I was with the 1st of the 10th Cavalry and covered a large area, and we were pretty much as far forward as we could go. That was a typical wartime experience for a soldier. As a medic, I went to An Khe, Vietnam as the officer-in-charge of a clinic. It was a very unusual experience because our team lived and worked there in this town in Vietnam. It was very controversial at the time, but we stayed and did the best we could. That experience was like a very large MEDCAP (medical civic action program) but with in-patient care."

The 57-year-old doctor is on a 35-day mission to Laos, augmenting Joint Task Force-Full Accounting and U.S. Army Central Identification Laboratory teams as the Ban Alang Base Camp doctor. The teams are searching for remains of Americans who are still unaccounted-for as a result of the war there. Doctor Imai is ensuring U.S. service members and DoD civilians are healthy while working in Laos' unforgiving conditions. But just like that first trip to Southeast Asia during the Vietnam War, the doctor has found that his calling is far greater than keeping U.S. personnel healthy. He's been treating hundreds of local Lao villagers on a daily basis, most of which have never even seen a real doctor. Some of them certainly would have died without the colonel's medical attention. "Just yesterday I had a woman run up to me with a baby in her arms. I could clearly see that the baby was having a seizure. I asked the linguist to ask the woman how long this had been going on — her response was 'three days.' I immediately treated the infant and stopped the seizure, got her stabilized and set her up on antibiotics. My next step would have been to get her to a hospital, but here you just can't do that, for several reasons. So you do the best you can for these people," Imai explained.

While the colonel regularly treats villagers who wander into the base camp, he also travels out to the recovery sites where archeological excavations are going on in the tireless search for remains. He sets up shop and usually sees anywhere from 50 to 120 patients in a single day. "So far we've seen roughly 600 patients (half way through the mission) and we still have a few MEDCAPs to go," he explained. "The easier cases are things like headaches and other minor illnesses. We have seen some really bad infections and extremely handicapping illnesses, loss of limbs from unexploded ordnance, filariasis which causes elephantiasis, but the most acute and life-threatening situation was the 9-month-old baby," he added.

Many ask, 'why return to a place that's so poor and impover-



J01(SW) Tim Paynter

Col. (Dr.) Walter Imai (right) treats a 13-year-old Lao girl in the base camp's medical tent as Navy Chief Hospital Corpsman (SW/FMF) Dan Heintz assists. The girl suffers from a large abscess on her cheek and subsequent cellulitis, which has spread throughout the entire left side of her face. The two medics estimated the girl would have lived only a few more weeks if it went untreated.

ished?" The colonel says it's because of the full accounting mission — and out of his own curiosity.

"We're paying our respects to the servicemen that came before us. This mission is amazing, and people wouldn't believe how thorough our teams are looking for our missing-in-action. I also wanted to see what the country looked like 30-some years later. Even though I was in Vietnam, our position here in Laos is so close to the border that the people, the houses, the villages and their customs are virtually identical — even 30 years later."

But as the mission comes to a close, the American team will pack up the base camp, their equipment and their medicine until the next team returns. The doctor and enlisted medics know that 35 days just isn't enough time for some treatments to run their course, but still, they do what they can while they're there.

"The hardest part is knowing that some of these cases are improving and our treatments are really working well, but we only have a week or so left," he explains. "Who knows what will happen to that patient when they can't come back to follow up once or twice a day like they do now. But I know we've helped at least one person out here if not dozens more. When you think of it like that it makes you feel like you've really made an impact on someone's life."

Post deployment health a DoD priority

Guidelines require provider to include evaluations, follow-up visits

Sgt. 1st Class Kathleen T. Rhem

American Forces Press Service

DoD officials believe caring for service members after a deployment should be a national priority. They've taken the lessons learned since the Gulf War and devised a set of guidelines for healthcare professionals to care for service members with deployment-related health concerns.

Beginning March 1, healthcare providers will ask service members who seek medical care if their visit is related to concerns stemming from a deployment.

"We're not necessarily asking patients to make a diagnostic call and tell us whether their disease or ailment is caused by that deployment," said Army Lt. Col. (Dr.) Charles Engel, "but is that part of the concern that's driving their care that day?"

Engel is the director of DoD's Deployment Health Clinical Center at Walter Reed Army Medical Center here. He also serves as the DoD consultant for the new clinical practice guidelines.

If the service member answers, "yes," the new guidelines require the provider to take certain steps, including a specific evaluation and arrange follow-up visits. Engel said patients receiving routine check-ups or wellness visits would not be asked the deployment question.

After the 1990-1991 Gulf War, DoD realized veterans were suffering from unexplained health problems, typified by fatigue, diffuse pain, and sleep and memory problems, Engel explained.

He said DoD officials have come to realize deployment-related health conditions may not show up during or immediately after a deployment.

"A certain proportion of people return (from deployments with) valid and real physical symptoms, and unfortunately diagnostic

testing doesn't give us the exact answer as to what their disease is or ailment is," Engel said. "And what we have found after the Gulf War is that even 10 years later, the best science doesn't give us a discreet answer as to what exposure on the battlefield may be responsible for this."

However, he said, DoD medical professionals are trying to do a better job of acknowledging patients' concerns than has been done in the past. That's where the Clinical Practice Guideline for Post-Deployment Health Evaluation and Management comes in.

"Part of what the guideline does is essentially teach doctors how to meet and greet service members returning from a hazardous workplace with valid physical concerns and address those concerns in an expeditious way — the sort of way that they're entitled to after having served their country and made important sacrifices," Engel said.

He said this helps patients trust their healthcare providers, which helps clinicians provide better care.

"A big part of the guideline is informing providers as to what sorts of tests that they should run, but I'd say an even bigger part of the guideline is helping clinicians to recognize that there are strategies they can use to embrace the returning veterans' health concerns," Engel said.

The guidelines don't contain a strict definition of "deployment." Engel explained there are countless situations in which military service members might experience hazardous exposures — be they psychological, industrial or environmental.

"This is an evaluation for people who've been to what essentially amounts to a hazardous workplace — a deployment of some sort — in service to their country," he said. Engel said the team developing the guidelines didn't want to use a strict definition of deployment, because that might exclude people from being treated properly under the guidelines.

For more information on post-deployment healthcare, visit <http://www.pdhealth.mil/>.

COMPETITION: Soldiers advance to MEDCOM

Continued from page 1

hours until the official announcement of the winners was made.

Although he said he stayed confident throughout the competition, Schultz said the other competitors did well and he felt very relieved when his name was called as soldier of the year.

"The other soldiers were excellent competition, and we all fed off each other," said Schultz, who works in the Department of Psychiatry.

Padilla, a 15-year Army veteran, recently joined Company A as the training NCO from Company C where he was NCOIC of the Troop Medical Clinic at the Schofield Barracks Health Clinic.

After learning he had won the NCO of the Year title, Padilla thanked both his former and current commands for their support.



Schultz



Padilla

The other soldiers who competed for the titles were:

* Spc. Jeffrey Boyd, a food inspector with the Western Pacific District Veterinary Command in Guam;

* Spc. John Lehmann, a medical specialist with MEDDAC-Japan; and

* Sgt. Efen Bugay, NCOIC of the Medical Material Branch with MEDDAC-Japan.

Schultz and Padilla will now represent the PRMC at the U.S. Army Medical Command competition in May.

In addition to the MEDCOM competition, the two soldiers also have a chance to make it all the way to the Department of the Army. For the first time, the winners of each of the Army's major commands will advance to a DA-level Soldier and NCO of the Year competition.

For the children

Specialist makes hospital experience more comfortable

Margaret Tippy

TAMC Public Affairs Office

"Any little thing that can be done to lower their anxiety or make an experience less traumatic is what our goal is," said Kelley Lee, Tripler Army Medical Center's Child Life specialist. "It can be from dropping a crayon and coloring book to a child who might not need a whole lot of that intensive care to staying with a patient as long as we can, and rubbing their back, and talking to them."

"I have a passion for this ... I get more from these kids than I think they get from me," Lee said smiling. "I go home so happy to meet these families, and their cultures, and how they are families together. I get so much out of this."

She is so young looking she could pass for a high school student but is an energetic and loving Child Life specialist – who was made for this profession. She has a master's degree in Child Development from Florida State University, worked an internship in Child Life in North Carolina, and was offered a job two days after she graduated from Kapi'olani Medical Center For Women and Children.

She's been at Tripler a little more than a year, and really makes a difference with the children whom she absolutely loves working with.

"What can we do for the patients?" is the question Lee and her Red Cross volunteers try to answer each day – from opening up the Play Room and inviting the patients to come in on the Pediatric Ward to setting up an activity for them to doing an activity at a child's bedside who can't make it to the Play Room.

In the Treatment Room, is a Treasure Box that the Pediatric nurses can use to give donated gifts to patients who have to go through invasive procedures such as having an IV started. "Their little veins are so small it may take a couple of tries (to get the IV in)," she said. She also wants to establish Stress Boxes in different hospital areas filled with toys that can possibly divert attention from the procedures children are going through.

Sometimes Lee needs to explain to peo-



Margaret Tippy

Child Life Specialist Kelley Lee (right) interacts with 3-year-old Inny Hermey Mareko as Darlene Mareko looks on.

ple why she is playing with the patients.

"A lot of people will walk by and I'll either be in the patient's room or the Play Room working with Play Doh or doing a puzzle, and a lot of times it is just play to start a relationship with the child. I encourage other staff members – nurses and doctors – to come and play with the kids because these children see them doing only one thing – IV pokes or just checking them for whatever their ailment is – by playing with them they can open up the relationship, and it's good for both of them."

By creating a bond with the children through play, Lee said, it makes it easier for the children to open up and talk about things troubling them. Also, sometimes the children will just start "spitting out information on how they feel or think about what's going on with them."

She shared this example. "I was with a 14-year-old doing a puzzle on the floor and people were walking back and forth looking like they were thinking, 'Man, what a job she has – doing a puzzle in the patient's room.' But at that time, we were talking about his cancer and how the toughest part of the ordeal for him was his leg shots, and that there was a certain way he liked getting his shots. He liked it very slow instead of quick and fast and getting it over. And so

I asked him 'Is it okay if I put that in your chart?' so that anyone who's going to be giving you the shots will know."

That's the kind of thing that really helps in working with these kids – a lot of play therapy.

The children have the same emotions as adults, Lee said, some are angry, some are scared, some have misconceptions – sometimes a lot worse than adults. That's why the Child Life Program exists – to explain to them on their terms what's happening to their bodies, why the hospital staff is doing what it's doing, and why they're in the hospital.

"Maybe they ate a cookie they weren't suppose to eat before dinner and then they got really, really sick and they thought it was because of that ... We really need to explain things to these kids so they don't get the idea they're being punished," Lee said.

One of the most compelling stories Lee told revolved around a 10-year-old boy during her internship in North Carolina who thought he was being punished by God for having testicular cancer. A family member – who as Lee so diplomatically puts it "wasn't very nice" – had told him this.

"He was very quiet and very shy and didn't talk to a whole lot of people," she

See **CHILD LIFE**, page 7

Cook favorite recipes with fat, sugar substitutions

Capt. Amanda Sylvie

TAMC Nutrition Care Division

Do you have favorite recipes that have been passed down through the generations or meals that your entire family enjoys, but they happen to be loaded with fat or sugar? With so many improved food products, fat and sugar substitutes, and preparation methods available, your favorite recipes may continue to be favorites, but in a more healthful way. Try to implement a few of the following ideas:

Ingredient substitutions:	
Ingredient	Substitution
Oil in baked goods	Applesauce, Lighter Bake, or pureed prunes
Sugar	Splenda sugar substitute
Whole egg	2 egg whites or a slurry of 1Tbsp soy flour + 1Tbsp water
Cream	Evaporated milk or skim milk
Sour cream	Fat free sour cream or plain yogurt

Lower fat preparation techniques include baking, boiling, grilling, broiling, simmering, and roasting. Consider some of these healthful modifications:

— Sauté in broth, water, wine or cooking spray rather than using butter.

— Choose a lean cut of beef, such as a bottom round roast, and ask the butcher to grind it without adding extra fat.

— Extend your meats and add fiber by mashing kidney beans, black beans or lentils and mixing them into your ground beef.

— Use reduced fat or strongly flavored cheeses (such as Parmesan) in an effort to reduce cheese consumption.

— Add extra vegetables, pasta or beans to meat entrees.

— Use non-stick cookware and avoid fried foods.

— Butter flavoring alternatives include Butter Buds, Molly McButter sprinkles, or even I Can't Believe It's Not Butter Spray.

— In addition, there is often no need for adding oil to water for cooking pasta or butter to pasta/rice mixes as these items rarely "stick."

By implementing these recommendations, you may reduce your calories and dietary fat, likely resulting in a healthier you! Enjoy this recipe, and if you would like to learn more about the classes available through the Nutrition Clinic, please call 433-4950.

Honey-Pecan Crusted Chicken

Ingredients: 1/4 tsp. salt 1/4 tsp. pepper 4 (6-ounce) skinned chicken breast halves 8 (4-ounce) skinned drumsticks 1/4 cup honey 2 Tbsp Dijon mustard 3/4 tsp. paprika 1/8 tsp garlic powder 1 and 1/4 cups finely crushed cornflakes (about 4 cups uncrushed cereal) 1/2 cup finely chopped pecans cooking spray

Preheat oven to 400. Sprinkle salt and pepper evenly over chicken, set aside. Combine honey, mustard, paprika, and garlic powder in a small bowl; stir well. Combine cornflakes and pecans in a shallow dish; stir well. Brush both sides of chicken with honey mixture; dredge in cornflake mixture.

Place chicken pieces on a large baking sheet coated with cooking spray. Lightly coat chicken with cooking spray, and bake at 400 degrees for 40 minutes or until done. Yield: 8 servings. One serving contains: 270 calories, 9 g fat.

CHILD LIFE: Helps patients celebrate holidays

Continued from page 6

said. "He was very kind and sweet and very polite but it was a matter of going in there every day and sitting with him, and just talking with him and playing with him.

"After awhile, (he started) warming up and he just came out with that one day. We were playing video games, and he said, 'You know, I know why I'm sick.' And I said why? He said, 'I'm being punished by God – my stepmother told me.' I yelled up and I knew why I needed to do this job," Lee said.

Child Life specialists have child-like personalities, she said laughing. "It helps. We can get on the ground and roll around and not get embarrassed. We can be silly and funny and be okay with it. We need to do these things so these kids don't walk around thinking it's their fault."

Lee is the mother of 14-month-old daughter, Kaya, and wife of Dr. Kendrick

Lee, an Emergency Room physician who works at Castle Medical Center, Queens Medical Center and Wahiawa General Hospital. She is pregnant with their second child.

But she still takes care of her hospital "family." Lee came to Tripler Christmas morning to make sure the three pediatric inpatients were taken care of and celebrated the holidays.

Oamtaker Simon, an 8-year-old from the island of Truk is one of the patients that Lee and the Pediatric nurses gave a wonderful Christmas to. Lee had asked for donations of toys so all the inpatients would receive gifts Christmas morning and received quite a bit from the Tripler staff generosity.

She took three bags of gifts into Simon. He smiled at her, and picked out one gift. Lee told him, "No, no, no – they're all for you." but he didn't catch on.

"Santa came and went, and we're in the

hallway and Oamtaker walks out with reindeer ears on his head. He's walking around smiling and hanging out in the hallway. I thought 'I don't think he realizes that those gifts are for him.' I pulled back into his room, and I sat him down in his chair," Lee said laughing herself. "... I told him rip the paper off those presents...and he just started laughing and laughing... He was so excited.

"We had an interpreter from Truk come to find out what type of presents he really wanted. And, he really wanted what he called 'The Army man that crawls.' So one of the nurses got that for him...when he came to that gift he was laughing and laughing and wanted to get it open as quickly as he could. He was just cracking up. It was so awesome. It was great – he was so appreciative."

Anyone interested in volunteering for the program may reach Lee at 433-6825.



Ask the Doc ...

Female soldiers can avoid periods during deployments

TAMC Family Practice Clinic

Q: I have a big deployment coming up in a few months. I am looking forward to it, but I hate having to waste space in my duffle bag for sanitary napkins, and it's hard to stay fresh and clean in the field. Is there any way to keep myself from having my period?

A: There are actually a few ways that soldiers can avoid having their periods during inconvenient times.

DEPO PROVERA

Depo is an injection of progesterone that is given every three months. It usually causes menstrual cycles to stop all together after a few months of use. Depo does this by causing changes in the endometrium, or the inner lining of the uterus. The endometrium no longer builds up every month and menstruation, the sloughing off of this inner lining, does not occur. Depo is sometimes associated with weight gain and may cause bleeding

irregularities during the first months of use. However, you do not have to remember to take a pill every day.

ORAL CONTRACEPTIVE PILLS

Oral contraceptive pills (OCPs), also known as birth control pills, can also prevent menstruation. The only purpose of the seven differently colored 'blank' pills in packs of OCPs is to allow hormone (estrogen and progesterone) levels to fall. Low levels of hormones cause the endometrium to slough off every month. So when the blank ones are skipped and only hormonally active pills are taken, menstrual bleeding does not occur. As with Depo, the endometrium stops building up every month when cycles of active OCPs are used. Active OCPs are used continuously for up to nine months at a time to treat certain medical disorders like endometriosis and menstrual-related headaches. The changes that take place in the endometrium are quickly reversed once hormonally active oral contracep-

tives are stopped. For soldiers who do not feel comfortable with missing a period for long lengths of time, continuous hormonally active pills can be taken through a field training exercise or a special event, with a switch to the blank pills immediately after the event. This way, menstruation is simply delayed for a more convenient time.

OCPs offer many health benefits. They reduce certain breast and ovary problems and reduce menstrual-related cramping. However, on very rare occasions, life-threatening blood clots may occur. Smoking greatly increases this risk. During the first few months of using OCPs continuously, there may be some menstrual irregularities.

REMEMBER: Depo and OCPs are not 100-percent effective in preventing pregnancy. They also do not protect against sexually transmitted diseases. See your doctor if you think OCPs or Depo may be right for you.

Second medical assistant class graduates

Capt. David Garcia

Director, Volunteer Medical Assistant Program

The U.S. Army Health Clinic — Schofield Barracks graduated its second class of volunteer Medical Assistant students Feb. 22.

Nine of the original 13 students who started on Sept. 17 were able to complete the required didactic education and 760 hours of volunteer time.

During this course, students learned medical office skills and hands on patient care procedures that may garner them future employment in ambulatory health care settings.

According to the U.S. Bureau of Labor Statistics, medical assisting is projected to be one of the fastest growing professions through 2005. As an integral part of the healthcare team, the medical assistant is a career path that often requires direct patient care and cross training into a wide array of ancillary services such as laboratory, radiology and medical records procedures. The Volunteer Medical Assistant Program (VMAP) provides many of these experiences. The American Red Cross is the liaison between USAHC-SB and the students.

Most of the students who enroll know that they are interested in a healthcare position, some are just not sure which one. The glory of this program is they can experience for themselves the various skills, then make the decision on which way to go after graduation. Best of all, the program is free of charge. Textbooks and instructors come from the clinic; students only purchase uniforms.



Courtesy photos

Student Bonita Chen takes a soldier's vital signs.

The course content is geared to closely match civilian programs; in fact, many of the skills provided in this program exceed civilian program requirements. Since the program is non-accredited as an institution, certificates replace diplomas on graduation. Graduates will have been trained in front office procedures, vital signs and patient assessment, phlebotomy, crutch fitting, sterile procedure set up, and other necessary skills which will make them an asset to their prospective employers.



Courtesy photos

CELEBRATIONS

Both the Army Nurse Corps and the Enlisted Hospital Corps recently celebrated anniversaries.

The Army Nurse Corps celebrated its 101st anniversary Feb. 2. Tripler nurses and other staff gathered in the dining facility Feb. 1 to celebrate the event. Above left, retired Brig. Gen. Clara Adams-Enders and 2nd Lt. Denise Lane perform the traditional cake cutting during the celebration. Adams-

Enders was chief of the Army Nurse Corps from September 1987 until August 1991.

The Enlisted Hospital Corps celebrated its 115th anniversary Feb. 28. Above right, Command Sgt. Maj. Steven Burton, the Pacific Regional Medical Command's top enlisted soldier, and Pfc. Rebecca Pattky of the Pharmacy Department do the cake-cutting honors for this celebration.

Ten soldiers make it through EFMB

TAMC Public Affairs Office

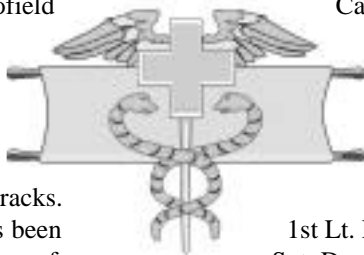
Nine soldiers from Tripler Army Medical Center and one from the Schofield Barracks Dental Clinic were among 29 soldiers from U.S. Army Hawaii to earn the Expert Field Medical Badge (EFMB) during this year's testing cycle at Schofield Barracks.

Since 1965, the EFMB has been given to soldiers for recognition of exceptional competence and outstanding performance by field medical personnel.

In order to earn the badge, the soldiers had to endure a week's worth of physical and mental tests to include a written test, land navigation, litter obstacle course, 12-mile road march and emergency medical

treatment lane.

The following soldiers received the badge March 8:



Capt. Steven Crisler
Capt. Mark Reinhardt
Capt. Jason Deleeuw
Staff Sgt. Paul Holt Jr.
Capt. Jeff Hill
Capt. Joseph Lee
Capt. Angie Stone

1st Lt. Holly Ament

Sgt. Dustin Waggoner

Spc. Vincent Pryce

The EFMB testing is conducted by the 25th Infantry Division (Light) and usually held annually. Soldiers interested in going out for the next EFMB should contact their company training NCO for dates and training activities.

THE WINNER'S CIRCLE

Re-enlistments

Spc. Jaime Blanco

Sgt. Peter Feider

Promotions

Sgt. 1st Class Cynthia Maye

Staff Sgt. Tyrone Booze

Staff Sgt. Karen Hutcherson

Staff Sgt. Jason Singer

Sgt. Hakeem Shipley

Sgt. Elva Sotogonzalez

Awards

Staff Sgt. Javier Noriega - Meritorious Service Medal

Staff Sgt. Jeffrey Vaughn - MSM

Staff Sgt. Richard Pineda - MSM

Marsha Graham - 30-year service pin

Dr. Thomas Ditzler - 20-year service pin

Trinita Carmichael - 15-year service pin

CARES Awardees

Capt. Jenifer Constantian

Spc. Yolanda Sample

Lydia Malo

Air Assault Graduates

Sgt. Jonathon Jester

Sgt. Charles Chadwell

PLDC Graduates

Spc. Charity Heights

Spc. Vincent Pryce

Certificates of Appreciation for providing support during PRMC Soldier/NCO of Year competition

Sgt. 1st Class Karen Floyd

Sgt. 1st Class Alison Johnson

Sgt. 1st Class Sergio Jaquez

Sgt. 1st Class Jose Perez

Staff Sgt. Josue Cevallos

Staff Sgt. Douglas Dow

Sgt. 1st Class Jeffrey Wiggins

Sgt. 1st Class Marcus Handy

Sgt. 1st Class Purcelle Harris

Sgt. 1st Class Fitzroy Foster

Sgt. 1st Class John Matoy

Master Sgt. Rene Kinsey

Sgt. Victoria Williams

Vickie Rogers

HOORAY!!

The *Medical Minute*, won first place in its category at the 2001

U.S. Army Medical Command's Journalism Competition.



Drug testing faster, cheaper with new analyzer

Forensic Toxicology Drug Testing Laboratory

Drug testing just got faster and cheaper with the installation of a new drug screening analyzer at the Tripler Forensic Toxicology Drug Testing Laboratory (FTDTL).

The massive instrument measuring 25 feet in length is faster and cheaper to operate than the three analyzers it replaces, said Lt. Col. Mark Bruins, FTDTL commander.

Bruins said the analyzer completes a three-year effort to update and replace all major testing processes within the drug laboratory.

"Over this period we have made remarkable progress in modernizing the laboratory, with the goal of improving quality and keeping our costs and turn around time lower than civilian operations," he said. "Not only have we meet these goals but we have done it while our workload has almost doubled."

The Hitachi Modular analyzer positions the drug laboratory to test 1,000 soldier specimens for seven drugs in less than an hour.

"It was critical for us to modernize our drug screening operations at a time when our workload has increased from 500,000 to 800,000 specimen a year," said Maj. Timothy Lyons, the lab's technical director. "Without this analyzer we would not be able to keep up with the increasing demand for drug testing."

Bruins said that not only is workload increasing but the percentage of specimens that contain illegal drugs is also rising.

"Unfortunately we are seeing an increase in drug use especially since Ecstasy and Methamphetamine have grown in popularity," he said. "Commanders in the field know this and want us to do more testing. But they still expect us to get the results to them as fast as possible especially before they deploy their units or go on training exercises. These commanders and their NCOs know that soldiers who don't use illegal drugs are healthier and have less on the job accidents."

Obtaining the analyzer and fitting it into the drug lab was a major challenge. The original purchase contract established by DoD contained a major flaw discovered by



Staff Sgt. Michelle J. Rowan

Cindy Pritts, a lab technician at the FTDTL, unloads the analyzer.

Jon Ochikubo, the drug labs automation manager. Without his diligence, DoD would have spent \$4.5 million on analyzers for all drug labs that couldn't download information into the laboratory's information system to meet legal requirements. Ochikubo reported the problem to DoD and the contract was resubmitted.

"The new contract got us the right instrument at a lower price," Ochikubo said.

The savings from the contract then allowed the Tripler Laboratory to solve another problem — fitting the analyzer into Building 40.

"We knew that this instrument was the only way to go to meet our current and future testing demands so we had to find a way to get it into our laboratory," said Mike Tone, the lab's administrative officer. "The money saved on the contract was applied to renovation of a back-up testing lab in Building 40. The end result is that we were able to renovate a major portion of our laboratory creating a state of the art testing facility with the most modern testing analyzer on the market today."

Bruins added that the lab has positioned itself to meet the challenges of drug deterrence well into the next decade.

"The drug lab has made major progress in modernizing its operation over the last three years," he said.

In addition to the new screening analyzer, the FTDTL was the first drug-testing

laboratory in the world to adapt a new drug extraction system for urine. The system previously used for hair drug testing, cuts in half the time it takes to prepare a specimen for complex mass spectrometry detection of a drug and its concentration.

"We saved nearly \$50,000 a year using the system and lent it to our sister laboratories in the Navy and Air Force," said Bruins. "They have saved even more money because they were extracting drugs using a system one generation behind ours."

The drug lab recently published their findings in the *Journal of Analytical Toxicology* for Cocaine extraction and has a second article in review for Amphetamines.

According to Bruins, the DoD program is slowly tightening the noose on drug users by increasing the ability to detect illegal drugs from the parts per billion range to the parts per trillion range. This has major implications for drug testing as it is generating discussion in DoD and in the civilian community towards lowering the cut-off levels for reporting a positive result.

The laboratory is not stopping its efforts to improve, said Lyons.

"We are constantly looking to new systems and methods," he said. "It is an exciting time to be in the military drug-testing program as we continue to support drug deterrence and help build a ready force."

Tripler staff take on 134-mile relay

TAMC Public Affairs Office

A team of seven Tripler Army Medical Center staff members captured first place in the men's military category of the 31st annual Oahu Perimeter Relay Feb. 23-24.

The team, named **Seven Cases of Rhabdo at Tripler**, completed the 134-mile trek around the island in 15 hours, 1 minute and 33 seconds. The team, which also finished second overall out of the 138 teams that participated, was comprised of Spc. Gabino Barrera, Capt. Joseph Lee, Master Sgt. Ronald Dean, Capt. Jeffrey Vandenbroek, Maj. Troy DeNunzio, Capt. Laurence Herzog and Capt. David Heppner.

Although they left many of the teams in their dust, their team name had others scratching their heads. "What is Rhabdo?" some asked. For those interested in the meaning, Lee said Rhabdo is short for rhabdomyolysis, a life-threatening complication of extreme exertion that can be seen in military training particularly when soldiers fail to stay properly hydrated.

"It's more twisted humor; naturally we hope that no one develops this complication from the race," he said. "As we are all trained endurance athletes, this is not a serious issue."

The perimeter run is broken into 35 legs that are anywhere from two to six miles long. By the end of the race, most team members ran an average of about 20 miles total.

In all, six teams from Tripler tackled the course, which took anywhere from 13 to 23 hours to complete.

Other teams comprised of Tripler staff included:

Tripler Troopers — Col. Stephanie Marshall, retired Col. Chuck Marshall, Lt. Col. Randolph Howard, Lt. Col. Michelle Janosik, Maj. Bill Grimes, 1st Lt. Michelle Ripka and Command Sgt. Maj. Rafael Ruiz. The team placed fourth in the mixed military category with a final time of 17 hours, 19 minutes and 3 seconds.

Tripler Orthopedics — Maj. Kurt Hensel, Maj. Reagan Parr, Capt. Mark Pallis, Capt. Daniel Judd, Capt. Mark Aierstok, Capt. Jason Boole and Capt. Matthew Burke. The team placed 14th in the men's military category with a time of 17 hours, 6 minutes and 47 seconds.

Bite Me — 1st Sgt. Gerald Weigle, Lt. Col. Gregory Blythe, Staff Sgt. Michael Ball, Maj. Mark Gleisner, Capt. Andrew Hall, Capt. Brian Kim and Lt. Col. John Etzenback. These soldiers from the Pacific Regional Dental Command came in 41st in the men's military category with a time of 18 hours, 47 minutes and 48 seconds.

Docs for Tots — Capt. Chris Soltis, Capt. Bry Soltis, Tim Haley, Tim Vedder, Val Vedder, Lt. Col. Charles Callahan and Maj. Sarah Lentz-Kapua. The team of Pediatrics staff members placed 10th in the mixed open category with a time of 19 hours, 50 minutes and 11 seconds.

The "Sun"sational Seven — Tripler staff members Maj. Kathleen Ford, Capt. Laura Spates and 1st Lt. John Ament joined forces with other area runners, Capt. Kimberly Lund, 1st Lt. Matt Sung, Ingred Nystrom and a Navy runner for this race. The team finished in 8th place in the mixed military category with a time of 18 hours, 20 minutes and 11 seconds.



Staff Sgt. Michelle J. Rowan

END OF SEASON

Daryl Collins (#20) of Tripler drives by a 29th Engineer Battalion player during a basketball game March 6 as part an end-of-season tournament at the Fort Shafter Physical Fitness Center. Tripler plowed past the engineers 64-35 to take first place in the Shafter division.

The Tripler Team, which ended the regular season with a record of 14 wins and 2 losses, went on to play in the U.S. Army, Hawaii tournament at Schofield Barracks. The team won the first game of the Schofield tourney, but was defeated in double overtime of the second round.



Photos by Staff Sgt. Michelle J. Rowan



TEE TIME

At left, Lt. Col. Randolph Howard tees off at the 10th green March 1 during Tripler's annual Golf Tournament. Above, Capt. James Joyner putts as his teammates look on. Thirty-nine teams came out for the event which was hosted at the Navy-Marine Golf Course at Pearl Harbor. The tournament raised more than \$1,400 for the 2002 Organizational Day.

First place went to the team of retired Col. Lawrence Burgess, Spc. DeWitt Proctor, Clanhope Bowlin and Eddie Fox. The team of Maj. Timothy Barron, Capt. John Godessa, 1st Lt. Mike Way and Andre Mestas came in second. Third place went to Lt. Col. Dallas Homas, Maj. Dan Donovan, Maj. Dan McKay and Command Sgt. Maj. Steven Burton.

Other awards were given to Spc. DeWitt Proctor for having the men's longest drive and Lyla Dang for the ladies' longest drive. Shortest to the pin awards went to Louis Kuhns and Lt. Col. Suzan Denny.

NEWS BRIEFS

Troop Command sponsors bowling tournament — Troop Command will sponsor a bowling tournament April 12 at the Hickam Air Force Base Bowling Center to raise funds for Organizational Day 2002. The tournament is open to all Tripler, U.S. Army Pacific Command and 25th Infantry Division (Light) soldiers, Department of the Army civilians and guests.

Teams will be comprised of four bowlers. The tournament will be limited to the first 30 teams that turn in completed entry forms. The total cost is \$10 per bowler. All entry forms complete with full payment must be submitted by April 5.

For more information, soldiers may contact their respective company commander.

All others may contact Capt. John Vondruska at 433-8050.

Semi-annual APFT scheduled — Tripler troops will take their semi-annual Army Physical Fitness Test April 1-12. All soldiers will take the APFT with their assigned company unless approval has been given by company commander or first sergeant.

The following are the times, dates and places for each company:

A Company — April 1-5

* Fort Shafter Flats ball field -- Monday, Wednesday and Friday, 5:30 to 7 a.m. First brief is at 5:30 a.m. and then a brief will occur every 30 minutes. There will be a one-time APFT brief at 4 p.m. Monday and Wednesday.

* Tripler ball field -- Tuesday and Thursday, 5:30 to 7 a.m. First brief is at 5:30 a.m. and then a brief will occur every 30 minutes.

B Company — April 8-12

* Fort Shafter Flats ball field -- Monday, Wednesday and Friday, 5:30 and 6:30 a.m. with brief prior to each iterations. There will be a one-time APFT brief at 4 p.m. Monday and Wednesday.

* Tripler ball field -- Tuesday and Thursday, 5:30 and 6:30 a.m. with brief prior to each iterations.

C Company — April 8-12

* Watts Field, Schofield Barracks -- Monday through Friday, one-time APFT brief at 6 a.m.